

INDIVIDUAL PROFESSIONAL DEVELOPMENT DAY (IPD)

APPROVAL REQUEST (Certificated)

Requestor's Name: _____

IPD Date: _____ Date Submitted for Approval: _____

IPD Activity (Please provide flyers, brochures, etc. and any specific details and relevant information. Attach any supporting documents to this request.):

Estimated Travel Miles (if any): _____ Registration Fees (if any): _____

Substitute Needed: _____ Yes _____ No

(It is the requestor's responsibility to arrange for a sub through the automated system once the IPD day is approved.)

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
If not approved, please provide explanation:	
_____ _____ _____ _____	
Supervisor's Signature	Date

Business Manager:	Superintendent:
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
_____ Signature	_____ Signature
_____ Date	_____ Date